

Completion Certificate

Windswept Grant Program

A. Participant Information

Grant Amount: \$ _____

Name: _____ Organization _____

Installation Address: _____

City: _____ State: Maryland Zip Code: _____

Phone: _____ Electric Utility Name: _____

Sections B through D should be filled out by the **installer** of the wind energy system.**B. Wind Energy System Information**

Turbine Location: _____ System Size (kW): _____

Turbine Manufacturer: _____ Turbine Model# : _____

Inverter Manufacturer: _____ Inverter Model #: _____

Inverter Power Rating: _____ Tower Manufacturer: _____

Battery Back-up: Yes or No Capacity (kW): _____ Tower Height: _____

C. Installation Contractor Information

Installation Contractor Name: _____ Company Name: _____

Contractor's Md. License #: _____ Type of License: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Installation Date: _____

D. Hardware and Installation Compliance and Inspection

Please check all applicable statements.

_____ The system hardware is in compliance with *all applicable performance and safety standards including: county and local codes, the National Electric Code, Maryland's Net Metering Law and State interconnection standards.*

Electrical Permit #: _____ Issued By (County or Municipality Name): _____

Master Electrician Name: _____ Md. Electrician's License #: _____

Inspection Date: _____

I solemnly affirm under penalties of perjury that I am a contractor licensed in Maryland, and have met the requirements of the local codes authority regarding system safety and reliability and that all the contents of the foregoing Completion Certificate are true to the best of my knowledge, information, and belief.

Signed (Contractor): _____ Date: _____

Name
(Print): _____ Company: _____

E. Owner Acknowledgement

I solemnly affirm under penalties of perjury that I am a Maryland building owner, and have met the requirements of the program as described in the Terms and Conditions, and that the contents of the foregoing Completion Certificate are true to the best of my knowledge, information, and belief.

Signed (Owner): _____ Date: _____

Social Security # -or- FID: _____

Please include a photo of the project or email an electronic photo to:

Attention Windswept Program
Meainfo@energy.state.md.us

Mail this Completion Certificate and supporting documentation to:

**-Attention- Windswept Grant Program
Maryland Energy Administration
1623 Forest Drive, Suite 300
Annapolis, MD 21403**